

CLAIMS ONLY							Application Number <i>09/779558</i>	Filing Date
							Applicant(s)	
							* May be used for additional claims or amendments	
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		Indep	Depend
	Indep	Depend	Indep	Depend	Indep	Depend		
1		/					51	
2			/				52	
3				/			53	
4					/		54	
5						/	55	
6							56	
7							57	
8							58	
9			/				59	
10				/			60	
11					/		61	
12			/				62	
13				/			63	
14				2			64	
15				2			65	
16				2			66	
17			/				67	
18				/			68	
19					/		69	
20			/				70	
21				4			71	
22				4			72	
23			/				73	
24				/			74	
25					/		75	
26							76	
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42							92	
43							93	
44							94	
45							95	
46							96	
47							97	
48							98	
49							99	
50							100	
Total Indep			6				Total Indep	
Total Depend			28				Total Depend	
Total Claims			34				Total Claims	